

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-878)**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
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5		/				
6		/				
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48		/				
49		/				
50		/				
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	33		↓		↓	↓
TOTAL CLAIMS	39					

*	*	*	*
IND.	DEP.	IND.	DEP.
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98			
99			
100			
TOTAL IND.		↓	
TOTAL DEP.		↓	↓
TOTAL CLAIMS			↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS